

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a Pure Edge document.

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 1

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:			Mime Type:			Total Senior/Key Person			0.00

B. Other Personnel												
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)
1		Post Doctoral Associates					0.00	0.00	0.00	0.00	0.00	0.00
1		Graduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Undergraduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Secretarial/Clerical					0.00	0.00	0.00	0.00	0.00	0.00
1							0.00	0.00	0.00	0.00	0.00	0.00
1		Total Number Other Personnel					Total Other Personnel					0.00
							Total Salary, Wages and Fringe Benefits (A+B)					0.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 1

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment Item	* Funds Requested (\$)
1.	0.00
Total funds requested for all equipment listed in the attached file	0.00
Total Equipment	0.00
Additional Equipment:	File Name: Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	0.00
2. Foreign Travel Costs	0.00
Total Travel Cost	0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	0.00	
2. Stipends	0.00	
3. Travel	0.00	
4. Subsistence	0.00	
5. Other:	0.00	
1 Number of Participants/Trainees	Total Participant/Trainee Support Costs	0.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 1

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		0.00
2. Publication Costs		0.00
3. Consultant Services		0.00
4. ADP/Computer Services		0.00
5. Subawards/Consortium/Contractual Costs		0.00
6. Equipment or Facility Rental/User Fees		0.00
7. Alterations and Renovations		0.00
8.		0.00
9.		0.00
10.		0.00
Total Other Direct Costs		0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1.		0.00	0.00 0.00
2.		0.00	0.00 0.00
3.		0.00	0.00 0.00
Total Indirect Costs			0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 2

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:			Mime Type:			Total Senior/Key Person			0.00

B. Other Personnel												
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)
1		Post Doctoral Associates					0.00	0.00	0.00	0.00	0.00	0.00
1		Graduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Undergraduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Secretarial/Clerical					0.00	0.00	0.00	0.00	0.00	0.00
1							0.00	0.00	0.00	0.00	0.00	0.00
1		Total Number Other Personnel					Total Other Personnel					0.00
							Total Salary, Wages and Fringe Benefits (A+B)					0.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 2

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment Item	* Funds Requested (\$)
1.	0.00
Total funds requested for all equipment listed in the attached file	0.00
Total Equipment	0.00
Additional Equipment:	File Name: Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	0.00
2. Foreign Travel Costs	0.00
Total Travel Cost	0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	0.00	
2. Stipends	0.00	
3. Travel	0.00	
4. Subsistence	0.00	
5. Other:	0.00	
1 Number of Participants/Trainees	Total Participant/Trainee Support Costs	0.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 2

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		0.00
2. Publication Costs		0.00
3. Consultant Services		0.00
4. ADP/Computer Services		0.00
5. Subawards/Consortium/Contractual Costs		0.00
6. Equipment or Facility Rental/User Fees		0.00
7. Alterations and Renovations		0.00
8.		0.00
9.		0.00
10.		0.00
Total Other Direct Costs		0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1.		0.00	0.00 0.00
2.		0.00	0.00 0.00
3.		0.00	0.00 0.00
Total Indirect Costs			0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 3

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:		Mime Type:		Total Senior/Key Person					0.00

B. Other Personnel												
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)
1		Post Doctoral Associates					0.00	0.00	0.00	0.00	0.00	0.00
1		Graduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Undergraduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Secretarial/Clerical					0.00	0.00	0.00	0.00	0.00	0.00
1							0.00	0.00	0.00	0.00	0.00	0.00
1		Total Number Other Personnel					Total Other Personnel					0.00
							Total Salary, Wages and Fringe Benefits (A+B)					0.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 3

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment Item	* Funds Requested (\$)
1.		0.00
Total funds requested for all equipment listed in the attached file		0.00
Total Equipment		0.00
Additional Equipment:	File Name:	Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	0.00
2. Foreign Travel Costs	0.00
Total Travel Cost	0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	0.00
2. Stipends	0.00
3. Travel	0.00
4. Subsistence	0.00
5. Other:	0.00
1 Number of Participants/Trainees	Total Participant/Trainee Support Costs
	0.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 3

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		0.00
2. Publication Costs		0.00
3. Consultant Services		0.00
4. ADP/Computer Services		0.00
5. Subawards/Consortium/Contractual Costs		0.00
6. Equipment or Facility Rental/User Fees		0.00
7. Alterations and Renovations		0.00
8.		0.00
9.		0.00
10.		0.00
Total Other Direct Costs		0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1.		0.00	0.00 0.00
2.		0.00	0.00 0.00
3.		0.00	0.00 0.00
Total Indirect Costs			0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 4

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:		Mime Type:		Total Senior/Key Person					0.00

B. Other Personnel

* Number of Personnel	* Project Role	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested
		Months	Months	Months	Salary (\$)	Benefits	(\$)
1	Post Doctoral Associates	0.00	0.00	0.00	0.00	0.00	0.00
1	Graduate Students	0.00	0.00	0.00	0.00	0.00	0.00
1	Undergraduate Students	0.00	0.00	0.00	0.00	0.00	0.00
1	Secretarial/Clerical	0.00	0.00	0.00	0.00	0.00	0.00
1		0.00	0.00	0.00	0.00	0.00	0.00
1	Total Number Other Personnel				Total Other Personnel		0.00
Total Salary, Wages and Fringe Benefits (A+B)							0.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 4

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment Item	* Funds Requested (\$)
1.	0.00
Total funds requested for all equipment listed in the attached file	0.00
Total Equipment	0.00
Additional Equipment:	
File Name:	Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	0.00
2. Foreign Travel Costs	0.00
Total Travel Cost	0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	0.00
2. Stipends	0.00
3. Travel	0.00
4. Subsistence	0.00
5. Other:	0.00
1 Number of Participants/Trainees	Total Participant/Trainee Support Costs
	0.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 4

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	0.00
2. Publication Costs	0.00
3. Consultant Services	0.00
4. ADP/Computer Services	0.00
5. Subawards/Consortium/Contractual Costs	0.00
6. Equipment or Facility Rental/User Fees	0.00
7. Alterations and Renovations	0.00
8.	0.00
9.	0.00
10.	0.00
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	0.00	0.00	0.00
2.	0.00	0.00	0.00
3.	0.00	0.00	0.00
Total Indirect Costs			0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 5

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:			Mime Type:			Total Senior/Key Person			0.00

B. Other Personnel												
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)
1		Post Doctoral Associates					0.00	0.00	0.00	0.00	0.00	0.00
1		Graduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Undergraduate Students					0.00	0.00	0.00	0.00	0.00	0.00
1		Secretarial/Clerical					0.00	0.00	0.00	0.00	0.00	0.00
1							0.00	0.00	0.00	0.00	0.00	0.00
1		Total Number Other Personnel					Total Other Personnel					0.00
							Total Salary, Wages and Fringe Benefits (A+B)					0.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 5

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment Item	* Funds Requested (\$)
1.	0.00
Total funds requested for all equipment listed in the attached file	0.00
Total Equipment	0.00
Additional Equipment:	File Name: Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	0.00
2. Foreign Travel Costs	0.00
Total Travel Cost	0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	0.00
2. Stipends	0.00
3. Travel	0.00
4. Subsistence	0.00
5. Other:	0.00
1 Number of Participants/Trainees	Total Participant/Trainee Support Costs
	0.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS:

* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967

* End Date: 08-13-1967

Budget Period: 5

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		0.00
2. Publication Costs		0.00
3. Consultant Services		0.00
4. ADP/Computer Services		0.00
5. Subawards/Consortium/Contractual Costs		0.00
6. Equipment or Facility Rental/User Fees		0.00
7. Alterations and Renovations		0.00
8.		0.00
9.		0.00
10.		0.00
Total Other Direct Costs		0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	0.00	0.00	0.00
2.	0.00	0.00	0.00
3.	0.00	0.00	0.00
Total Indirect Costs			0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)	
Section A, Senior/Key Person		0.00
Section B, Other Personnel		0.00
Total Number Other Personnel	1	
Total Salary, Wages and Fringe Benefits (A+B)		0.00
Section C, Equipment		0.00
Section D, Travel		0.00
1. Domestic	0.00	
2. Foreign	0.00	
Section E, Participant/Trainee Support Costs		0.00
1. Tuition/Fees/Health Insurance	0.00	
2. Stipends	0.00	
3. Travel	0.00	
4. Subsistence	0.00	
5. Other	0.00	
6. Number of Participants/Trainees	1	
Section F, Other Direct Costs		0.00
1. Materials and Supplies	0.00	
2. Publication Costs	0.00	
3. Consultant Services	0.00	
4. ADP/Computer Services	0.00	
5. Subawards/Consortium/Contractual Costs	0.00	
6. Equipment or Facility Rental/User Fees	0.00	
7. Alterations and Renovations	0.00	
8. Other 1	0.00	
9. Other 2	0.00	
10. Other 3	0.00	
Section G, Direct Costs (A thru F)		0.00
Section H, Indirect Costs		0.00
Section I, Total Direct and Indirect Costs (G + H)		0.00
Section J, Fee		0.00